(d) If so, what are its main recommendations, and

(e) the number of recommendations accepted by Government?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) The Government constituted a Task Force on Medical Education for the National Rural Health Mission (NRHM) under the Chairmanship of Shri Javed Chawdhary, Ex-Union Health Secretary. The Task force was required to suggest amongst other measures as to how rural service can be made attractive for MBBS doctors along with other possibilities of providing Healthcare in rural and under served areas including modifications in the curriculum for Medical course. The Task Force has submitted its report and the same is under consideration of the Government.

Cases of cerebral haemorrhage

3102. SHRI KARNENDU BHATTACHARJEE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Cerebral stroke or brain haemorrhage has come to occupy second place as the largest killer after cancer and have overtaken heart attack,

(b) if so, whether Government have decided to undertake a vigorous awareness campaign to avert brain-strokes;

(c) what are the main causes by which the rising incidences of cerebral strokes are attributable; and

(d) what steps are being taken to carry out the campaign?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) According to Indian Council of Medical Research, the cerebral stroke has higher mortality compared to heart attack number of deaths annually due to stroke in India are estimated as 6.39 lakh and those due to heart disease (IHD) as 5.54 lakh. As per estimates from National Cancer Registry Programme of ICMR, Cancer deaths are about 4 lakh every year in India. The main causes of rising number of stroke are changing demography with more ageing population, higher prevalence of hypertension due to changing life style and stress, smoking and diabetes apart from possible roles of dyslipidemia.

The Government proposes to initiate and implement a "National Programme for the Prevention and Control of Diabetes, Cardio-vascular diseases (CVD) and stroke" to reduce the adverse health impact of diabetes, heart diseases and Stroke. Under this proposed National Programme IEC will be one of the major components to sensitise the public about the dangerous effect of these diseases and the need for prevention.

Malaria eradication in Assam

3103. SHRI URKHAO GWRA BRAHMA. Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Malaria Eradication Programme in Assam is a failure in respect of preventive and precautionary measures;

(b) if so, what are Government's reactions and further actions in this regard;

(c) whether it is a fact that doctors are unwilling to serve in the rural areas and Government are also failing to send them despite the strong guidelines; and

(d) if so, the steps taken to that regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The incidence of malaria has declined from 76570 cases in the year 2003 to 67885 during 2005. However, during the year 2006, 86652 cases have been reported up to 31.7.2006 in the State of Assam. Due to shortage of the Male Health Workers, the malaria surveillance in the State has been affected and needs to be geared up.

The Government of India is implementing activities related to prevention and control of malaria in the country including the State of Assam under the umbrella of the National Vector Borne Disease Control Programme. The three-pronged strategies adopted for the control of malaria are as under:—

(i) Disease Management

- Early case detection and complete treatment
- Strengthening of referral services
- Epidemic preparedness and rapid response